

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/						51		/	
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49		/					99			
50		/					100			
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓	
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	48	↓	
TOTAL CLAIMS							TOTAL CLAIMS	51		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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